

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 2 4

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.20

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 3,070,953

b. FFY 2005 \$ 4,094,604

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 2a-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 1-1-04, TN#01-01

10. SUBJECT OF AMENDMENT:

**Increase allowable outpatient physician visits**

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

December 18, 2003

16. RETURN TO:

Oklahoma Health Care Authority  
attn: Jim Hancock  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 23, 2003

18. DATE APPROVED:

2 FEBRUARY 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Jim Hancock  
Mike Fogarty

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY**

5. **Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.**

Payment is made for compensable medical and surgical outpatient and inpatient services. For adults, physician inpatient services are limited to 24 hospital days paid on hospital claims during a State Fiscal Year for each individual recipient. Physician claims for hospital visits will be paid until the last compensable hospital day is captured. After 24 hospital days have been captured, no inpatient physician services will be paid beyond the last compensable hospital day. Hospital visits are limited to one visit per day per physician. Office visits, home visits or elsewhere are limited to four per month, per patient regardless of the number of physicians and two visits per month in a nursing facility. The following services are excluded from number of visits limitation:

1. Emergency department
2. EPSDT
3. Family planning

Payment is made for medical and surgical services performed by a dentist, to the extent such services may be performed under State law either by a doctor of dental surgery or dental medicine, when those services would be covered if performed by a physician.

SUPERSEDES TN- 01-01

STATE <u>OKlahoma</u>	A
DATE REC'D <u>12-23-03</u>	
DATE APP'D <u>2-2-04</u>	
DATE EFF <u>1-1-04</u>	
HCFA 179 <u>03-24</u>	

Revised 01-01-04

TN# 03-24  
Supersedes  
TN# 01-01

Approval Date 2-2-04

Effective Date 1-1-04